HIV AND AIDS COMMUNICATION IN ZIMBABWE: THE ROLE OF INDIGENOUS LANGUAGES.

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ABSTRACT

This study explores the role of indigenous languages of Zimbabwe in the production and implementation of HIV and AIDS information, education and communication (IEC) materials. It is premised on the assumption that indigenous languages are crucial elements of sustainable development, given their accessibility to the populace, enabling effective HIV prevention dialogue. The study establishes that chiShona and isiNdebele languages are indispensable modes of HIV and AIDS communication that embody local values and permit information access to the majority. Recommended is their sustainable use, as well as their elevation to source languages of IEC materials. Moreover, a written language policy in Zimbabwe is required in order to promote the functional role of indigenous languages, not only in health communication, but in all other areas of national development.

Keywords: HIV and AIDS, Communication, IEC Materials, Indigenous Languages, Development, Zimbabwe.

INTRODUCTION

This study explores the place of indigenous languages of Zimbabwe in the production and implementation of HIV and AIDS Information Education and Communication (IEC) materials, in a context where the pandemic is a major threat to the country's public health system. Part of its thesis is that, local languages play a crucial role in facilitating HIV and AIDS prevention dialogue, indirectly enhancing health outcomes. In cognizance of this assumption, the study also perceives engagement in dialogue to solve social ills, a development phenomenon. Indigenous languages are thus viewed as key elements of sustainable development, as they are accessible to the public, making them useful tools for effective HIV prevention dialogue. As Sarvaes and Liu (2007) cited in Okafor and Noah (2014) postulate, language is a mediating factor which facilitates social change and development. Also, despite the general association of sustainable development with socio-economic issues, this study argues that linguistics is an aspect of development. In corroboration Nwanyanwu (2017: 1) states that "…sustainable development is mediated through local knowledge, inculcated through the indigenous languages".

Language is viewed as one of the barriers to health care at a global scale, hence the importance of considering indigenous languages in delivering health messages, which by nature should be linguistically sensitive (Flood and Rohloff, 2018). The term 'indigenous language' refers to a native language, uniquely spoken by local people and originating in a specific community or country (Spolsky, 2002). Flood and Rohloff believe that "indigenous languages are relevant within the field of global health for reasons of autonomy, rights, research ethics, programme efficacy, and revitalization of such languages" (2018: 134). Wa Mberia (2015) referring to Africa, agrees that a consideration of indigenous languages in national development is a valuable strategy for their revival, given that several of these languages are currently facing existential threat for various socio-political reasons. Kadenge and Nkomo (2011) and Mpofu (2013) also emphasize the need for their sustainable use in all key areas of development and progress. It is therefore apt that the Asmara Language Conference Organisers (2003:3) quoted in Wa Mberia (2015), declared that variation and continuity of use of "African languages are essential for the decolonization of the African minds and for the African renaissance".

IEC materials constitute community and target specific-information such as brochures, posters, stickers, books, booklets, manuals, trainings packages, fact sheets, banners and drama scripts (SAFAIDS, 2009). Zimbabwe, akin to other Southern African countries, made commitment to deal with health threats through use of health programmes and education. IECs are thus designed to improve health by increasing awareness, knowledge and changing attitudes and behavior. These address what is considered priority diseases, such as HIV and AIDS, malaria, tuberculosis (TB), diarrheal diseases, nutrition, acute respiratory infections, dysentery and measles (Ministry of Health and Child Welfare and Zimbabwe National Planning Council, 1998). IEC programmes that are popular in Zimbabwe include those which: promote condom use to prevent STIs/HIV; encourage TB patients to seek treatment; promote home-based treatment of diarrheal diseases; encourage an increase in nutritional content of foods for infants, and various others.

Given that the major objective of IEC programmes in Zimbabwe is to increase health awareness and change amenable behavior, these are expected to share information and ideas in culturally sensitive ways using appropriate channels, messages and languages. Thus, health communication addressing problems related to priority diseases are generally produced in English, ChiShona and IsiNdebele; the languages widely spoken in Zimbabwe, so as to cater for the linguistic

needs of the community. The wide range of TB and malaria information disseminated country-wide, for instance, are articulated in these three languages. Notable, in rare situations, HIV and AIDS or TB and malaria information is produced in Tonga and Setswana, targeting minority populations. According to Luuk, Henk and Herman (2009), indigenous languages are integrated in health communication interventions as these are key for the success of these programmes. Mawadza (2004), affirms the significance of appropriate language use in health education as a strategy for eliminating disease related stigma. Further, to accomplish the goals of national health strategies, it is noted that IEC programmes incorporate various indigenous linguistic resources such as idioms, consistent with the people's values. Luuk et al. (2009) allude to the use of metaphoric language in health communication from Zimbabwe and Southern Africa as a powerful linguistic feature drawing from the richness of indigenous languages, to achieve positive health outcomes.

Further, in the region, a general survey of health communication in Southern Africa indicates that there is integration of both colonial languages (which have official language statuses) and indigenous national languages to enhance accessibility (Heap, Haricharan and London, 2013). Given that there are approximately 1000 indigenous languages spoken in Africa (Alali and Jinadu, 2002), only those with national language statuses are largely employed to communicate health messages. Leffler (2015), indicates that it will be strenuous and impossible to achieve health communication in the entire gamut of languages and dialects spoken in Africa, and Nigeria in particular. He adds that some of these have not yet developed into autonomous languages, and may not be able to sustain official communication. Similarly, in Zambia English serves the official function and is the main language for health campaigns whereas the seven national languages (Bemba, Nyanja, Lozi, Tonga, Luvane, Lunda and Kaonde) which are region based, are used for cultural functions. In South Africa, English is also the language through which most official health communication is executed, although according to the national constitution, eleven languages have an official language status (Heap et al., 2013). Further, in Botswana, English and Setswana are employed for official health communication. Bamgbose (1999) in Leffler (2015) explains that, English, (or Portuguese and French), the language of the former colonizer, fulfills the role of 'language of intergration', and hence remains at the center of all official communication. National indigenous languages are thus incorporated to enhance linguistic accessibility, referred to as "the lowest common denominator of cultural sensitivity" (Kreuter and McClure, 2004: 446).

As demonstrated above, ensuing similar historical experiences, IEC programmes in Southern Africa are generally implemented in the language of the former colonizer alongside national indigenous languages. This signals the importance of indigenous languages not only in health communication but in national development. In order to explore this view, this study addresses the following research questions:

- What is the role of indigenous languages of Zimbabwe in the production of HIV and AIDS IEC materials?
- How can indigenous languages be used effectively to enhance their functional role in health communication and other areas of development?

BACKGROUND: AN OVERVIEW OF THE ZIMBABWEAN SPEECH COMMUNITY

This section outlines some of the main linguistic attributes of the Zimbabwean speech community. This is important as it sheds light on the general linguistic behavior of the community that informs language choice for HIV and AIDS communication. Labov posits that: "A speech community cannot be solely conceived a group of speakers who all use the

same linguistic forms, but rather as a group who share the same norms in regard to language" (1972: 158). Zimbabwe, the speech community, is a country situated in Southern Africa, sharing borders and surrounded by South Africa to the south, Botswana to the west, Zambia towards the North and Mozambique in the east. It is a polyglossic nation where various languages are spoken (Gora, 2013). Although according to Magwa (2010), there are 23 languages spoken in the country, only 16 are officially recognized. Makoni, Dube and Mashiri (2006), state that approximately 71% of this population is Shona speaking, 16% speaks Ndebele, 11% speaks 'minority' African languages also known as marginalized indigenous languages (Lozi, Sena, Dombe, Nambya, Tonga, Kalanga, Sotho, Venda, Shangane, Hwesa, Chikunda, Doma, Tswana, Khoisan, Barwe, Fingo/isiXhosa), 1% is of the Asian origin and another 1% is European (English). Given the diversity of the ethnicities and nationalities found within the Zimbabwean inland, it is not surprising that various languages are spoken in the country.

English is the main medium of education, and is used in almost all formal situations. In support of this view, Kadenge posits that:

> In Zimbabwe, English is used as the sole medium of instruction from Grade three up to University level. Moreover, in Zimbabwe, English is used in predominantly formal contexts such as international and intra-national business transactions, government administration, legislation, religion, most advertisements, political manifestos and other important documents. (Kadenge, 2009: 157)

In as much as all former British colonies, Zimbabwe has retained English language and has elevated it into an official national language alongside ChiShona and IsiNdebele. Hence, these three languages are mostly taught as subjects in schools. However, some languages such as Tonga and Kalanga have recently been added into primary school syllabuses in a number of schools as a revitalization initiative as these are facing danger of extinction. Also, although the majority of media (newspaper, television and radio broadcast) is in English, followed by ChiShona and IsiNdebele, it is noted that some radio stations broadcast using minority languages as medium of communication, for instance, Venda, Xhosa, Kalanga and Tonga. Nevertheless, despite the role played by the 'minority' languages in official communication, English, followed by chiShona and isiNdebele seem to take the center stage.

Thus, since English is an official language, and is at the center of all official communication, the majority of the population of Zimbabwe is acquainted with this language. These have on their disposal knowledge of their first language and English as a second language resulting in an inevitable bilingual society. Multilingualism is observed in situations where individuals are privileged to have knowledge of more than one indigenous language and English or any other foreign language. It is unfortunate that in most African societies, the multiplicity of languages has always been viewed as hindrance to development, yet these play an important role in social change (Okafor and Noah, 2014). Thus, according to Okafor and Noah, languages have not always featured prominently in development discourses and strategies as a result of failure to realize their significance.

In terms of status of languages spoken in Zimbabwe, only three enjoy eminence; English, Shona and Ndebele. The most supreme is the English language which is the national official language followed by chiShona and isNdebele which are the official national languages. The rest of the indigenous languages, although they have been declared official in the 2013 national constitution, these maintain the minority language status. Thus, Chivhanga and Chimhenga (2013) argue that

because of their relegated status, the rest of the indigenous languages (besides ChiShona and IsiNdebele) are not amply developed to be used for national development purposes such as science and technology. According to Fishman (1974) cited in Thondhlana (2000), the two main reasons Zimbabwe maintained the official status of English language in the post-colonial era are; 'nationalistic' and 'nationistic'. The nationalistic function refers to the view of English as neutral with a unifying role amongst African languages, and the nationistic function refers to how "English has been used for continuity and efficiency" Thondhlana (2000:7).

According to scholarly critics, poor language policy implementation impedes the efforts to elevate the status of the minority languages of Zimbabwe. It is claimed that the government does very little to ensure that the language policy declarations meant to develop the marginalized local languages are implemented and executed accordingly. Consequently, it becomes difficult to fully develop indigenous languages especially the minority ones which are now facing the danger of extinction. The main concern therefore is that there is lack of a clear language policy which is vital for executing language plans. It is alarming that up until now, limited language debates were carried out to rectify this problem. The general contention is that language planning is marred by the very absence of a written language policy that can provide a frame of reference for implementing purposes, such that policy guidelines are often inferred and implied in various national documents (Mkanganwi, 1992; Chimhundu, 1993; Viriri, 2003; Kadenge and Nkomo, 2011; Chivhanga and Chimhenga, 2013; Nhango, 2013; Maseko and Ndlovu, 2013 and Kadenge and Mugari, 2015).

Ensuing the above, it is therefore argued that key indigenous language development policy declarations are incapacitated by lack of a meaningful policy. For instance, as already mentioned, it was declared in the Constitution of Zimbabwe Amendment Number 20 of 2013, Chapter 1 (6) that the sixteen languages of Zimbabwe were to be officially recognized. This declaration remained an abstract idea, as there was no policy put in place to support its implementation. Thus, in practice only English retains the official status up to date, followed by Shona and Ndebele which are recognized as national languages. Thus Shohamy (2006: 61) quoted in Kadenge and Mugari (2015), observes that:

> (…) as is often the case, the mere act of declaring certain languages as official does not carry with it much meaning in terms of actual practice in all domains and it does not guarantee that officiality will be practiced. It often remains at the level of "declaration" even if the officiality is anchored in law (p, 42).

It is observed therefore that despite the officialisation of most indigenous languages in Zimbabwe, it is ironic that there is dearth of their use in all official communication and in key areas of national development. The language planning activities meant to advance indigenous languages are characterized with the problem of 'declaration without implementation' as Bamgbose (1991: 11) puts it.

HIV AND AIDS COMMUNICATION IN ZIMBABWE: THE LANGUAGE QUESTION

HIV is a serious public health concern in Zimbabwe, and it is imperative that campaign information designed to mitigate its effect is as effective as possible. Also, considering the fact that effectiveness of communication is partly determined by language use, it is important to address the language issue in HIV and AIDS communication materials. Mpofu (2013) and Okaron (2015) point out that to achieve effective communication, language needs to be clear and unambiguous through use of linguistic and socio-cultural repertoire that are familiar to recipients. According to Okaron (ibid), "… the language used in HIV and AIDS advertisements achieves its role of communicative purpose when the intended audience receives

the advertiser's point with the same meaning that the author of the advertisement had when the advertisement was crafted" (p. 41). Whereas language is fundamental in communication for HIV and AIDS awareness, prevention and management, Dilger (2003) notes with concern that there is dearth of linguistic research in the area of HIV and AIDS. The purpose of this section is therefore to examine the language choice made for HIV and AIDS communication in Zimbabwe in order to determine the role of indigenous languages for HIV prevention and linguistic implications for development. This is against the background that the role of indigenous languages in promoting development in Africa is often ignored, whose negligence may impede development in the continent.

A review of the studied HIV and AIDS information reveals that there are essentially three languages used as vehicles for HIV and AIDS communication in Zimbabwe; the two national languages, chiShona and isiNdebele, as well as English which has a status of an official language. Given that the majority of the population speaks ChiShona (71%) and IsiNdebele (16%), and that English is at their disposal as a second language, it means most of the members of the Zimbabwean speech community are represented. Moreover, as according to Viriri (2003) most 'minority' language speakers are multilingual as they are also acquainted to either ChiShona or IsiNdebele, which are common indigenous languages used in Zimbabwe. In addition, it appears that the use of the three afore mentioned languages for HIV and AIDS communication is ideal and strategic considering the cost of production if all the other 'minority' indigenous languages were to be included. However, in rare instances organisations that produce HIV and AIDS information make efforts to include minority languages. For instance, an informal interview with a SAFAIDS editor, revealed that the organisation has attempted to use Tonga in a bid to expand outreach, but has only gone as far as children's HIV literacy books. Currently, the hope of expanding language use has diminished given that foreign and local funding for HIV and AIDS programmes is shrinking in Zimbabwe and other Southern African countries. However, the mere inclusion of some indigenous languages in HIV and AIDS communication positively suggests their relevance in solving social problems for sustainable development and progress.

According to Mpofu (2013), HIV and AIDS information is designed and produced in English and later translated into chiShona and isiNdebele, since the former is the main official language. Kadenge and Nkomo (2011) explain that, owing to the central role of English as the main official language in Zimbabwe, various technical texts that have to do with development, are produced in English and later translated into indigenous languages. It is further contended that translations from indigenous languages into English usually involve historical and cultural texts whereas translations between indigenous languages are sporadic. In light of translations from English into chiShona and isiNdebele in HIV and AIDS information, translation is a virtue as it sanctions participation of indigenous languages in health communication. Nevertheless, given its technical nature, it should be noted that the process of translation may result in loss of originality or key features of indigenous languages, since in Zimbabwe there are limited translation resources. In addition, it may become a cumbersome task for designers of HIV and AIDS messages who attempt to integrate indigenous experiences into messages that are formulated in English. However, on a positive note, translation from English to indigenous languages serves as an accommodation strategy for the majority of people who lack English proficiency. Also, translation as conceptualised in this study, facilitates the enhancement of the functional role of indigenous languages, and in essence, helps elevate their statuses through incorporating them in communication for development.

In addition to the use of translation, HIV and AIDS messages employ code-mixing where both English and chiShona or isiNdebele are integrated in the same discourse. This is evident in cases where some English technical terms are adopted

and used in chiShona or isiNdebele messages, with certain phonological variations from the source. Language adoption, resulting in code-mixing, is a consequence of various issues including the complexity of the issues communicated in connection with HIV and AIDS awareness, management and treatment. Given the biological nature of HIV and AIDS, issues of treatment and management are technical and scientific in nature, and hence difficult to translate into indigenous languages which are unfortunately, not yet well developed for science and technology. Thus, it appears that translators occasionally fail to assign an equivalent for a scientific English term, in the target indigenous language, resulting in the adoption of words and hence code-mixing. Thus, according to Moto (2004), because HIV and AIDS is a technical disease, the speech communities create appropriate speech and communicative modes and mechanisms to talk about it. Mukenge and Chimbarange (2012) add that code-switching in HIV and AIDS communication is useful for filling in the linguistic gap created by lack of appropriate terms in indigenous languages to refer to sensitive matters. Mashiri, Mawomo and Tom (2002) have also written broadly on the issue of linguistic deficiency when it comes to referring to HIV and AIDS in Zimbabwe. They conclude that, since HIV is a new and unknown disease, indigenous interlocutors lack linguistic terms to refer to the pandemic and linguistic borrowing has become key.

Although chiShona and isiNdebele, alongside English are modes of HIV and AIDS communication in Zimbabwe, it is worth noting that English is the major language for this purpose. Thus, Mpofu's (2013) study of HIV and AIDS awareness advertising at ZBC/TV reveals that, about 65% of these advertisements are in English, and the rest in indigenous languages. The existing disproportions are partly an outcome of the already mentioned fact that HIV and AIDS information is conceptualised and implemented in English which is the main official language. Also, focusing on a wider spectrum of HIV and AIDS programming, apart from the IEC, for instance, press releases, newsletters, websites postings, electronic forums, minutes of meetings, progress and evaluation reports, proposals, action and implementation plans, good or best practices, case studies and advocacy; these are mostly produced in English. Having established that chiShona and isiNdebele are the indigenous languages of Zimbabwe used for HIV and AIDS communication, in conjunction with English, the question concerning their role in enhancing health communication becomes topical. To address this question, the next section focuses on how the rich linguistic resources of chiShona and isiNdebele significantly contribute towards successful HIV and AIDS communication, in essence social change, amenable for progress and national development.

THE ROLE OF CHISHONA AND ISINDEBELE IN HIV AND AIDS COMMUNICATION

According to Wa Mberia (2015) the significance of African indigenous languages in the area of development in the African continent, particularly in health, needs not be overemphasised as these are the cornerstone for health communication. The same can be said about indigenous languages in Zimbabwe (chiShona and isiNdebele) which play a pivotal role in HIV and AIDS communication. Firstly, in general terms, African indigenous languages are key features of health communication models in the continent. The basic principles of various health communication models in Africa such as the Theory of Reasoned Action, Theory of Planned Action and Health Belief Model, are that, locally generated tools for health communication and education should mirror indigenous identities, linguistic and knowledge systems (Muula and Nazombe, 2015). According to these health models, behaviour change is attained through use of localised languages, and reliance on local knowledge systems which are also reflected in the language of the people. In light of Zimbabwe, HIV and AIDS messages articulated in chiShona and isiNdebele appeal to indigenous values; morality, goodwill, compassion, care, love, support, peace and generosity amongst other things. Thus, indigenous languages, drawing from indigenous values,

are worthwhile tools for HIV and AIDS communication, whose main objective is to influence and instigate change in attitudes, perceptions and behaviour for the purposes of HIV prevention.

In cognizance of the fact that indigenous languages are the custodians of indigenous knowledge, Wa Mberia (2015) asserts that when we use theatre for instance, for health communication including HIV and AIDS, scripts written in indigenous languages, making use of local idioms and local experiences are able to connect with the local audiences. He admits that indigenous art forms such as drama, story-telling, poetry and puppetry, which are also expressed in the people's languages, can be used to a great advantage in improving health, and essentially contributing to national development. Akena (2016), agrees that indigenous knowledge guides the lives of community members by giving moral lessons and modulating social and political behaviour. It is therefore apparent that the use of chiShona and isiNdebele for HIV and AIDS communication is worthwhile as these languages have the ability to enact people's social values. For instance, chiShona linguistic strategies such as proverbs, idioms, appeals and other sayings are used to inculcate values relevant for HIV prevention and management such as morality, love, compassion, peace, wellness, safety, care, empathy and support amongst others. The intrinsic value of local languages in the context of change is summarized by Bamgbose (2011) who emphasizes that "…language is the major vehicle of a people's culture and that a people deprived of its language is also deprived of its culture" (p. 3). Thus, local languages are key in driving social change as they are custodians of a people's values and culture, which form the foundation for national development and progress. In essence, there is no progress without indigenous values which are anchored on the languages of the locals.

Further, it is noted that the use of chiShona and isiNdebele alongside English, for HIV and AIDS communication is a significant initiative towards perpetuating indigenous linguistic rights for health communication. According to Okafor and Noah (2014: 276) "the idea of linguistic rights fits in well with the current agenda in development where emphasis is on participatory empowerment and ownership of the process of development by the target community". The need for protection and promotion of the rights of indigenous languages is evident and enacted in the Zimbabwean National Constitution under Amendment Number 20 of 2013, Chapter 1 (6), where it states that the sixteen languages of Zimbabwe are to be officially recognised. It is also supported by the United Nations General Assembly declaration of November 1999, that there is need to promote the preservation of all languages of the world, which led to the commencement of the 21st February worldwide celebrations of International Mother Language Day (Wa Mberia, 2015). Thus, the utilisation of chiShona and isiNdebele languages in HIV and AIDS messages, not only enhances their functional role, but also promotes their rights to be used for national development. Given that languages are an indispensable survival resource, and that according to Flood and Rohloff (2018), more than 50% of the world's languages are expected to became extinct by 2100, there is need to avoid indigenous language loss. As Kadenge and Nkomo (2011), Wa Mberia (2015) and Kadenge and Mugari (2015) accentuate, the rights of indigenous languages can be protected through research, laws, policies and planning systems that ensure their maintenance and survival.

Designing and implementing HIV and AIDS programmes in accessible indigenous languages is strategic and apt regarding the indigenous people's rights to HIV and AIDS education, as articulated in the national HIV and AIDS policies. The use of chiShona and isiNdebele thus ensures not only the inclusion of the speakers of the languages who constitute the majority of the population, but also acceptability of the materials produced in these languages and participatory empowerment of the community in matters of development. In this context, Okafor and Noah (2014) indicate that "effective communication

via the use of local languages can be tipping point between success and failure in communal development projects" (p. 276). Taking steps back, it is worth noting that the inclusion of local languages in HIV and AIDS communication materials is crucial from the beginning, at the designing stage where these are situated at the centre of community research that informs their production. Thus, Mazuru and Grand (2013) strongly argue that the Shona indigenous knowledge systems, enacted in chiShona are worthwhile tools in the fight against HIV and AIDS, without which, it is impossible to design comprehensive campaign programmes.

In Flood and Rohloff's (2018) words, "global health programmes conceived and delivered using indigenous languages are likely to be more efficacious" (p e134). In light of HIV and AIDS communication in Zimbabwe, this assertion is true given the taboo nature of the subject of the pandemic itself, which predominantly addresses matters of sex, illness and death. Tasked with addressing these unspeakable issues in the public sphere, chiShona and isiNdebele languages are useful for avoiding face threatening words through use of euphemisms, which are a consistent feature of indigenous languages, owing to certain cultural spoken obligations. As Mukenge and Chimbarange (2012), and Mashiri et al. (2002) correctly argue, indigenous languages represent a discourse of dignity and respect through use of euphemistic language in HIV and AIDS communication. Hence, it is rational to argue that, chiShona and isiNdebele are very effective for HIV and AIDS communication as these are inclined in their respective cultural values and make use of conventionally acceptable linguistic repertoire. As Flood and Rohloff (2018) rightly argue:

> The role of language, and the way language is embedded in broader cultural and social contexts, is particularly salient for health interventions involving behaviour change or psychosocial support, … In fact, the intentional prioritisation of indigenous language is itself a health intervention (p e134).

CONCLUSIONS

The aim of this study as indicated in the beginning was to investigate the socio-linguistic role of indigenous languages in the production of HIV and AIDS IEC materials in Zimbabwe and subsequently in social change and development. Essentially, this study investigated the following research questions: What is the role of indigenous languages of Zimbabwe in the production of HIV and AIDS IEC materials? How can indigenous languages be used effectively to enhance their functional role in health communication and other areas of development? To answer these questions, the language question for HIV and AIDS communication was addressed, and it was revealed that language is a key aspect of health communication and two major indigenous languages of Zimbabwe (chiShona and isiNdebele) are employed for this task. It was also elucidated that although these are translations from English, the source language of HIV and AIDS IEC materials, they are vital as far as they linguistically cater for the majority of the Zimbabwean indigenous populations, who are the main target of these messages.

In response to the question of the role of indigenous languages of Zimbabwe in the production of HIV and AIDS communication materials, this study raised various arguments. It was noted that chiShona and isiNdebele languages play a pivotal role as modes for expressing indigenous values that are key for HIV prevention and management. Indigenous linguistic strategies such as proverbs, idioms, appeals and other sayings are used to inculcate values such as morality, love, compassion, peace, wellness, safety, care and empathy amongst others. Further, it was argued that the use of chiShona and isiNdebele in HIV and AIDS materials, alongside English, constitutes a momentous strategy for upholding indigenous

linguistic rights in the area of health communication, with emphasis on participatory empowerment of the locals and ownership of the process of development. Closely related to the issue of linguistic rights is the recognition of people's rights to information access through use of indigenous languages, enabling not only accessibility but also acceptability of produced HIV and AIDS materials. Another eminent point raised was that the use of chiShona and isiNdebele are strategic means for avoiding prevailing taboo in HIV and AIDS messages, through use of euphemisms, which are a prominent feature of indigenous languages.

From the findings above, it is concluded that sustainable health communication in Zimbabwe is attainable through an engagement of local languages such as chiShona, and isiNdebele. Indigenous languages are key facets for social development as they permit effective HIV and AIDS communication and hence improved health outcomes.

RECOMMENDATIONS

In regard of the conclusions made above, the use of indigenous languages for health communication and other areas of development is highly recommended. As such, the role currently played by chiShona and isiNdebele as modes of HIV and AIDS communication should be maintained to promote linguistic accessibility of these messages. This is also essential given that indigenous languages permit efficacy in creating and articulating history, experiences and aspirations of indigenous people as they live through an era of HIV scourge. In addition, as Wa Mberia (2015) firmly argues, when given a chance, indigenous languages have the potential to contribute immensely towards development. Also, assuming that these are custodians of indigenous knowledge and culture, they need to remain alive so as to preserve the indigenous heritage in the face of globalisation and change. In agreement with Hikwa (2012), without the indigenous knowledge, it is impossible to deal with human experiences, thoughts, problems, intuition and feelings.

Also, as mentioned in the study, indigenous languages are imbued with rich indigenous values that are key for HIV prevention, hence these should be further exploited for that purpose. Given the highlighted shortcomings of the translation process, translations from English into indigenous languages must be considered only as a starting point. There is need to go an extra mile, and fully consider indigenous languages as source modes for HIV and AIDS communication, rather than translated versions, so as to preserve the indigenous flavour and hopefully enhance communicative efficacy for the sake of effective social development and change.

The frequently asked question by sociolinguists in Zimbabwe is whether or not indigenous languages' elevation will suffice. In order to promote a continued growth of indigenous languages of Zimbabwe, there is need to formulate a written language policy which emphasises and reinforces their use in crucial domains of communication and development and to which reference may be made. Bamgbose (1991, 2003) as quoted in Kadenge and Nkomo (2011), argues that in Zimbabwe, there is what is referred to as 'declaration without implementation', where the language policy is alluded to in various national policy documents without actual application. He also argues that although a written language policy is absent, it does not mean that there is no policy in the country as this is inferred in linguistic practices of the speech community. However, whilst Bamgbose and others believe that whether manifest or hidden, a language policy is always existent, this study strongly argues that a written, overt language policy for Zimbabwe would expedite recognition and acceptance of indigenous languages for communication in all key areas of development.

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